SUBMISSION ID:
 944932
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB: DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	
SAMPLING							
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2020-03-01							
2020-03-02							
2020-03-03		-	-				
2020-03-04		<u></u>	<u> </u>			!	
2020-03-05 2020-03-06							
2020-03-07	***************************************			***************************************			
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2020-03-10							
2020-03-11							
2020-03-12		_	-				
2020-03-13						 	
2020-03-14 2020-03-15	***************************************			***************************************			
2020-03-15	***************************************		<u> </u>			 	
2020-03-17	***************************************	-	-	***************************************		 	
2020-03-18							
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2020-03-20							
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2020-03-22		-					
2020-03-23 2020-03-24		•	<u> </u>			-	
2020-03-24		-	-			 	
2020-03-26	***************************************			***************************************			
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2020-03-30		-					
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Page 1

 SUBMISSION ID:
 944932
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

ANALYST:

NO DISCHARGE INDICATOR:

2020-03-01 To: 2020-03-31

AL

					DISCHARGE II		AL	
PARAMETER	Flow Rat	e						
PARAMETER CODE	50050							
UNITS	MGD	$\neg \top$						
FREQUENCY	When Disc	:h. T						
SAMPLING	24hr Tota							
TYPE	Estimate							
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Name of Responsible I certify under the penalty of law that I Official or Authorized have personally examined and am familiar with the information				Signature of Author	f Responsible (ized Represent	Official or ative	Submission Date/Time	
submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Э			Certification Version Date 2020-04- 22 09:04	

Page 2

 SUBMISSION ID:
 944932
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			N	O DISCHARGE I	NDICATOR:	AL	
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	
SAMPLING		I					
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
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2020-03-20 2020-03-21		 	 				
2020-03-21		9					
2020-03-22							
2020-03-24							
2020-03-25							
2020-03-26				<u> </u>		1	
2020-03-27							
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2020-03-29							
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Page 3

 SUBMISSION ID:
 944932
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

					DISCHARGE II		AL	
PARAMETER	Flow Rat	e						
PARAMETER CODE	50050							
UNITS	MGD	$\neg \top$						
FREQUENCY	When Disc	:h. T						
SAMPLING	24hr Tota							
TYPE	Estimate							
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Name of Responsible I certify under the penalty of law that I Official or Authorized have personally examined and am familiar with the information				Signature of Author	f Responsible (ized Represent	Official or ative	Submission Date/Time	
submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Э			Certification Version Date 2020-04- 22 09:04	

Page 4

 SUBMISSION ID:
 944932
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			N	O DISCHARGE I	NDICATOR:	AL	
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	
SAMPLING		I					
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
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2020-03-03							
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2020-03-07 2020-03-08		***************************************	-				
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2020-03-20 2020-03-21		 	 				
2020-03-21		9					
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Page 5

 SUBMISSION ID:
 944932
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			NO	DISCHARGE II	IDICATOR.	AL	
PARAMETER	Flow Rat	e					
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disc	ch.					
SAMPLING	24hr Tota						
TYPE	Estimate						
2020-03-01		<u></u>		***************************************			
2020-03-02							
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Page 6

 SUBMISSION ID:
 944932
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

			NC	DISCHARGE II	VDICATOR.		
PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rat	e Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1/2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weel	cs 1/2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Toti Estimate	al Grob
2020-03-01	1.9127	2.5881	.0002	26.2353	78.49	.00138	1.249
2020-03-02		E1000E	1 1000		701.15	100250	
2020-03-03		***************************************		***************************************			
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2020-03-11				***************************************			
2020-03-12							
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2020-03-14							
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2020-03-16	1.6275	2.5333	 				
2020-03-17							
2020-03-18							
2020-03-19							
2020-03-20							
2020-03-21 2020-03-22							
2020-03-22	1.7445	2.2200	.139	26.4047	171.7	.00138	1.142
2020-03-24	1.7445	2.2200	.133	20,4047	1/1./	.00136	1.142
2020-03-25			i i				
2020-03-26							
2020-03-27	1.7745	2.3200	i i				
2020-03-28							
2020-03-29							
2020-03-30	***************************************	000000000000000000000000000000000000000		***************************************	***************************************	***************************************	***************************************
2020-03-31		***************************************	i i	***************************************			
Minimum	1.6275	2.22	2.0E-4	26.2353	78.49	0.00138	1.142
Maximum	1.9127	2.5881	0.139	26,4047	171.7	0.00138	
Average	1,7648	2.41535	0.0696	26.32	125.095	0.00138	
Count	4.	4	2	2	2	2	2
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Page 7

 SUBMISSION ID:
 944932
 STATUS:
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 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

PARAMETER	Sludge Solids, Percent Volatile	Freeboard	рН	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitroger Inorgani Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1/2 Weeks	1/2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING							
TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2020-03-01	42.844	2	8.03	AA 5.0	.146	.155	
2020-03-02							
2020-03-03							
2020-03-04							
2020-03-05							
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2020-03-21							
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2020-03-23	38.238	2					
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2020-03-30							
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Minimum	38.238 42.844	2.0	8.03	0.0	0.146	0.155	
Maximum	000000000000000000000000000000000000000	2.0	8.03	0.0	0.146	0.155	000000000000000000000000000000000000000
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Name of Resp	onsible I certif	y under the pen	aity of law that	I Signature o	f Responsible (Submission Date/Time
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Page 8

FACILITY: LOCATION: H2-Oh-Yeah 2134 C.R. 224 PERMIT NUMBER: MONITORING PERIOD: 4MP00028*AM

2020-03-01 To: 2020-03-31

Ashley, OH 43003

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
602	Flow Rate	50050	2020-03-01	MGD	THIS WAS SUMBITTED LATE DO TO BROOKESIDE BEING LATE GETTING TEST REULTS BACK.